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HOUSE BILL 2890

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State of Washington                      60th Legislature                      2008 Regular Session

By Representatives Seaquist, Hinkle, Schual-Berke, Roberts, and Morrell

Read first time 01/17/08. Referred to Committee on Education.

1            AN ACT Relating to coordinated school health; adding new sections  
2 to chapter 28A.210 RCW; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4            NEW SECTION.    **Sec. 1.** The legislature finds that good health  
5 increases educational achievement and educational achievement enables  
6 good health. Recent research has shown that students suffering health  
7 conditions including obesity, tobacco use, substance abuse, diabetes,  
8 asthma, and other conditions are less likely to perform well  
9 academically, are less likely to pass the Washington assessment of  
10 student learning, and are less likely to graduate from high school.  
11 The legislature also finds that the death rate for those with fewer  
12 than twelve years of education is more than twice that for people with  
13 more education. Students who drop out are also more likely to  
14 experience early pregnancy, cardiovascular illness, cancer, diabetes,  
15 asthma, and other health conditions and are more likely to require  
16 health and social services.

17            The legislature further finds that both academic achievement and  
18 health in Washington vary significantly by income, gender, race, and  
19 ethnicity. On-time high school graduation rates are half of the state

1 average within some groups. Some groups experience double, triple, or  
2 quadruple the rates of illnesses such as cardiovascular disease,  
3 cancer, asthma, and diabetes, and some groups have average life  
4 expectancies years shorter than the statewide average.

5 Finally, the legislature finds that despite significant investments  
6 in child health both in schools and in the community, including recent  
7 legislative efforts to extend health coverage and services to all of  
8 our state's children through expansions in state medical assistance  
9 programs, employer incentives, and by other means, and despite the  
10 heroic efforts of school teachers, health service providers,  
11 administrators, counselors, school nurses, parents, and others, school  
12 health efforts are too often characterized by competition, duplication,  
13 and inconsistency.

14 The legislature believes there is great promise for child health  
15 improvement in school-based efforts to coordinate health personnel,  
16 programs, and resources for children at school through a single school  
17 health advisory council. To support this vision, state-level  
18 leadership in both the public and in the private sector, as well as  
19 among educators and health professional groups, may also be required.

20 Therefore, the legislature intends that this act establish a system  
21 to coordinate efforts toward improving the health of children in  
22 Washington schools. The legislature believes that schools are more  
23 likely to attain our state's academic achievement goals and the goals  
24 of the federal no child left behind act of 2001 if each child's health  
25 issues are removed as barriers to their learning. Moreover, promoting  
26 each child's academic success by improving their health offers among  
27 the best long-term hopes for Washington to become the healthiest state  
28 in the nation.

29 NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210  
30 RCW to read as follows:

31 (1) A grant program is created to assist school districts to  
32 establish coordinated school health councils, develop coordinated  
33 school health programs, implement the school health advisory committee,  
34 nutrition, and physical activity goals and standards under RCW  
35 28A.210.365, and meet physical activity requirements in rules of the  
36 state board of education and the health and fitness essential academic  
37 learning requirements established according to this chapter. A

1 coordinated school health council established under this section meets  
2 the requirements of RCW 28A.210.365 regarding a school health advisory  
3 committee.

4 (2) A school district may use grant program funds provided  
5 according to the terms of this act to establish either councils or  
6 coordinated school health programs at each school within the district,  
7 or both.

8 (3) A coordinated school health council should be broadly  
9 representative of the community and education stakeholders, such as  
10 parents, students, teachers, health professionals, local public health  
11 officials, employee bargaining units, school facility staff, educators,  
12 district officials, local media outlets, and business leaders. Each  
13 council's membership should include persons knowledgeable in at least  
14 the following areas: School environmental health, health services,  
15 health and fitness education, nutrition services, guidance and  
16 psychosocial health, parent and community involvement, and staff  
17 wellness.

18 (4) A coordinated school health council shall:

19 (a) Assess the status of student health, school employee wellness,  
20 health education, physical education, school food service and  
21 nutrition, the school environment, health services, behavioral health  
22 and support services, and community health service collaboration;

23 (b) Assist in the development of health policy at the district  
24 level;

25 (c) Recommend to the local school board programs, policies, and  
26 procedures on any aspect of student, school employee, or community  
27 health in relation to school children, their parents, or school  
28 employees; and

29 (d) Coordinate the school district's health and related support  
30 services with other relevant services within the community.

31 (5) A coordinated school health council must meet at least three  
32 times per year and must report biennially on the status and needs of  
33 student health and safety in the school district to the local school  
34 board, the board of the local health jurisdiction, and the office of  
35 the superintendent of public instruction. Copies of the report should  
36 be transmitted to the Washington state school health advisory council  
37 and the state department of health, and should also be made available  
38 to local print and electronic media outlets. Such reports may include

1 recommendations for changes to any federal, state, or local rule, law,  
2 program, or ordinance that the council believes will improve school  
3 health or facilitate the implementation of coordinated school health  
4 programs.

5 NEW SECTION. **Sec. 3.** A new section is added to chapter 28A.210  
6 RCW to read as follows:

7 (1) Based on a review of applications and the recommendations of  
8 the Washington state school health advisory council established in  
9 section 4 of this act, the office of the superintendent of public  
10 instruction shall provide grants to school districts in order to:

11 (a) Allow school districts to establish and operate coordinated  
12 school health councils; and

13 (b) Fund specific improvements to the health-related policies and  
14 practices within a school recommended by such councils and requested by  
15 a local school board.

16 (2) By January 1, 2009, the superintendent shall make planning  
17 grants of no more than twenty-five thousand dollars to school districts  
18 that seek to establish a coordinated school health council and to begin  
19 implementing elements of the coordinated school health model adopted by  
20 the federal centers for disease control and prevention, so long as the  
21 district exceeds the state median in their proportion of free and  
22 reduced meals and falls below the state median in its students' scores  
23 on the Washington assessment of student learning. The superintendent  
24 is encouraged to create the most streamlined granting process as  
25 possible and to provide technical assistance to eligible districts in  
26 completing grant applications to the extent it determines districts  
27 have limited grantsmanship resources.

28 (3) Not later than one year after receiving a planning grant under  
29 this act a school board must approve a school health assessment  
30 overseen by their coordinated school health council relating to  
31 staffing, programs, policies, and practices in at least the following  
32 areas: Student physical activity and nutrition, school employee  
33 wellness, student health services, and behavioral health services.  
34 Each assessment may include recommendations to the local school board,  
35 the local health jurisdiction, local offices of relevant public and  
36 private health and social service agencies, or the state for

1 coordinating public, private, state, and local health programs within  
2 the school setting to improve student health and academic achievement.  
3 Programs that must be considered for coordination include at least:

4 (a) State medical assistance programs, including the children's  
5 health insurance program;

6 (b) Substance abuse treatment and prevention programs;

7 (c) Local public health jurisdiction programs, including  
8 immunization programs, other family and child health programs, and  
9 tobacco and obesity prevention programs;

10 (d) Safe routes to school programs;

11 (e) Programs for the prevention of child abuse and neglect; and

12 (f) Publicly funded operations of private health service clinics.

13 (4) If the school board determines that an adequate coordinated  
14 school health program cannot be implemented through the coordination of  
15 existing state, local, and private resources, the local school board is  
16 encouraged to seek additional federal, state, or local funds to  
17 maintain the council or for specific school health improvements from  
18 such sources. Additional funds which may be available under this  
19 section may be requested only if the school board determines that there  
20 is no reasonable expectation of receiving needed funds from such  
21 sources.

22 (5) In addition to the planning grants authorized by this section,  
23 the superintendent shall provide coordinated school health leadership  
24 grants to no more than five districts who have demonstrated leadership  
25 in implementing the coordinated school health model by January 2009 in  
26 at least one of their schools by recently having completed a  
27 comprehensive school health assessment; improved school nutrition,  
28 physical activity, or school health services; implemented employee  
29 wellness policies or practices; and participated in the governor's  
30 community health bowl. A portion of such leadership district grants  
31 shall offset a district's costs to act as a training, technical  
32 assistance, and demonstration site for other schools and for the cost  
33 of an independent evaluation of the impacts of the district's entire  
34 coordinated school health effort on academic achievement, health  
35 status, and personal behavior. Such grants may cover costs for any  
36 aspect of a leadership district's coordinated school health program  
37 that the local school board determines may not be reimbursed through

1 coordination of existing health programs enumerated in subsection (3)  
2 of this section, or through increased funding from existing state,  
3 local, and private resources.

4 NEW SECTION. **Sec. 4.** A new section is added to chapter 28A.210  
5 RCW to read as follows:

6 (1) The Washington state school health advisory council is created  
7 consisting of twenty-three members.

8 (2) Members of the council shall include one representative from  
9 each of the following organizations or agencies: The department of  
10 health; the Washington academy of pediatrics; the American cancer  
11 society; the American heart association; the University of Washington  
12 school of public health; the nursing commission; the Washington asthma  
13 institute; the family policy council; the health and recovery services  
14 administration; the children's alliance; the state board of health; the  
15 superintendent of public instruction or the superintendent's designee;  
16 the Washington State University cooperative extension; the Washington  
17 association for health, physical education, recreation, and dance; the  
18 Washington health foundation; the Washington school nutrition  
19 association; the school nurses organization of Washington; the  
20 Washington state parent and teacher association; the Washington  
21 education association; the Washington association of school  
22 administrators; the Washington state school directors' association; the  
23 Washington dental service foundation; and the state board of education.

24 (3)(a) Councilmembers shall serve for terms of three years except  
25 for the initial members, whose terms shall be staggered so that seven  
26 shall serve for one-year terms, eight shall serve for two-year terms,  
27 and eight shall serve for full three-year terms. Members may serve  
28 more than one term. If a vacancy occurs, the organization or agency  
29 that made the original designation shall appoint a person to fill the  
30 vacancy for the remainder of the leaving member's term. Members of the  
31 council shall serve without pay but may receive reimbursement for  
32 travel expenses if funds are available.

33 (b) The council shall select from its membership a chair and a  
34 vice-chair who shall each serve a one-year term. The chair and vice-  
35 chair may serve more than one term if selected to do so by the members.

36 (c) The council shall meet at least quarterly.

1 (d) The office of the superintendent of public instruction shall  
2 contract for the provision of office space and staffing for the council  
3 with a nonprofit organization implementing a public/private campaign  
4 that involves schools and that publicly reports statewide population  
5 health improvement measures of healthy eating, active living, receipt  
6 of proven preventive medical care, and academic achievement. In  
7 collaboration with the state department of health, the superintendent  
8 may use resources of the coordinated school health infrastructure  
9 initiative to meet a portion of this requirement.

10 (4) The council shall:

11 (a) Develop cooperative agreements among its member organizations  
12 and recommend state and federal policy changes that remove specific  
13 impediments to local efforts to implement coordinated school health  
14 programs;

15 (b) Recommend model policies and procedures that result in the  
16 efficient use of resources to improve student and school health at the  
17 school, district, or community level;

18 (c) Recommend and disseminate information about model program  
19 guidelines, policies, resource lists, and position papers that further  
20 the work of school health advisory councils;

21 (d) In consultation with the University of Washington center for  
22 public health nutrition, provide assistance to school districts  
23 receiving grants under this act to implement coordinated school health  
24 councils or programs, and assist with the evaluation of programs funded  
25 under this act; and

26 (e) Establish an annual competitive awards program to recognize any  
27 schools and/or districts within the state that demonstrate exemplary  
28 policies or practices in relation to implementation of coordinated  
29 school health.

30 (5) The council may establish regional support centers to assist  
31 with implementing its duties under this section within funds  
32 appropriated for this purpose.

33 (6) The council shall promote cultural competence in all of its  
34 efforts and shall prioritize school employee wellness, school-based  
35 health and behavioral health services, and obesity prevention including  
36 school nutrition and physical activity in its efforts, focusing on the  
37 elimination of health and educational disparities. The council shall  
38 consult and explore opportunities for collaboration with the state

1 health care authority's wellness works program, with the University of  
2 Washington center for health promotion, the center for public health  
3 nutrition, the Puget Sound health alliance, the governor's coordinating  
4 council on health disparities, and other groups in its efforts.

5 (7) The council shall submit a biennial report to the legislature  
6 on the progress of the local school health advisory councils,  
7 coordinated school health councils established according to this act,  
8 and of its own activities by December of each year beginning in 2009.

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